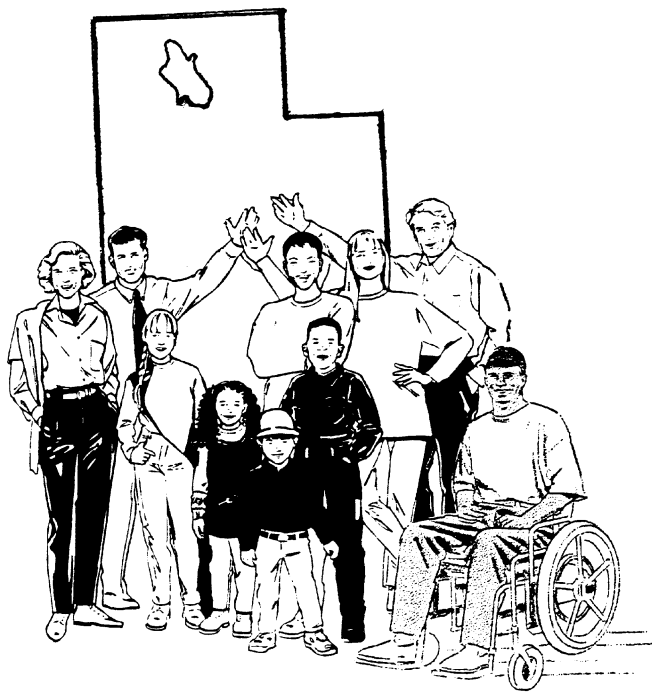


Exploring Medicaid



Rural

Who to Call for Help

| Name | Phone |
|-------------------------------|------------------|
| Medicaid Information Line: | 1 (800) 662-9651 |
| My Primary Doctor: | |
| My Eligibility Worker: | |
| My Local Health Dept Contact: | |
| My Pharmacy: | |
| My Mental Health Center: | |
| My Dentist: | |

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Welcome

Welcome to Medicaid. We want you and your family to get the health care that you need. This booklet was written to help you learn how to use Medicaid.



You must apply to receive Medicaid benefits. To apply contact your local DWS (Department of Workforce Services) or BES (Bureau of Eligibility Services) office. Or, you may also call the Medicaid Information Line. The phone numbers are in the back of this book in “The Resources” section.

What if my English is not very good or I am hard of hearing?

We know that it may be hard to understand us if English is not your first language or if you are hard of hearing. Please ask us for an interpreter who speaks or signs your language to explain the Medicaid Program. Interpreters are free and available in all languages including sign language. Your Health Plan also has interpreters.

May I get this booklet in another language or format?

Yes, we also have this booklet and other important information in Spanish. You can also get this booklet on audio tape or compact disk (CD) in both English and Spanish.

Services for people who are hard of hearing or have speech problems

If you are hard of hearing, you can call Utah Relay Services at 711 or 1-800-346-4128. This is a telephone relay service or TTY/TTD that is a free public service. If you speak Spanish, you can call Spanish Relay Utah at 1-888-346-3162.

If you have a hard time speaking, you can call 1-888-346-5822 and a specially trained person will help you.

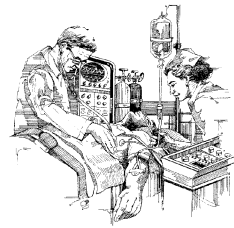
Tell us if you need someone to translate for you. We will find someone who speaks or signs your language to explain our programs. Your Health Plan will also provide someone to translate for you. If you need help getting translation call:

Medicaid Information Line
Call (801) 538-6155 or 1-800-662-9651

Díganos si usted necesita a alguien que traduzca para usted. Nosotros encontraremos a alguien que hable su idioma para que le explique nuestros programas. Su Plan de Salud y otros planes también le proveerán con alguien que traduzca para usted.

What is a PCP? (Primary Care Provider)

A Primary Care Provider (PCP) is a doctor you see for most of your medical care. A PCP knows you, your medical history and your family history. You would see a PCP for routine care and sudden illness. A PCP refers you to specialists when you have serious medical problems. A PCP watches over and directs all of your medical care.



These are examples of the kind of doctor who is usually a PCP.

- ✓ Family Practice (for all ages)
- ✓ Internal Medicine (for adults)
- ✓ Pediatrician (for children)
- ✓ OB/GYN (for pregnant women)

What is PC Case Management?

The Primary Care (PC) Case Management is when you select a Primary Care Provider (PCP). The name of the PCP you choose, and who accepts you, prints on your Medicaid card. Your card prints with the letters PCP in bold across the top.

You can change to a different PCP. Call your eligibility worker or the Local Health Department worker by the 20th of the month to change your PCP for the next month.

You must have a referral from your PCP to go to any other doctors, unless it is an emergency. Sometimes a clinic is named as the PCP. If so, you may see any doctor in the clinic without a referral. This also means any doctor in the clinic may refer you to a specialist.

What is a Health Plan?

Health plans are available in some areas of the state. You may choose a Health Plan for your medical care if one is available in your area . A Health Plan is a group of doctors, clinics, hospitals and other medical experts you will use for your medical care.

Know your Health Plan, if you are on one, and find out how it works. You may be contacted by your Health Plan and asked questions about your medical needs.

- ◆ Medicaid pays your Health Plan every month for you to be a member.
- ◆ The name of your Health Plan prints on your Medicaid card.
- ◆ You must use a doctor, clinic or hospital that takes your Health Plan or your bills may not be paid.
- ◆ Your provider will know where to send the bill.
- ◆ You have the right to receive information about your Health Plan each year.

The Health Plan won't be on your card the first month and sometimes the second month. If there is no Health Plan or PCP on your card you can use any provider that accepts Medicaid.

Your Health Plan or Medicaid pays your doctor. If your doctor is paid less than the full amount, your doctor can't charge you for the rest of the bill for Medicaid covered services.

Medicaid and Choosing Your Health Plan:

- ◆ **DWS:** (Medical with Financial or Food Stamps)

You may be referred to your Local Health Department. Call them for information about Medicaid. They will help you choose a Primary Care Provider or Health Plan..

- ◆ **BES:** (Medical only, your Eligibility worker will help you)

If your case is Medicaid only, you will meet with your worker to learn about Medicaid. Your worker will help you choose a Primary Care Provider or Health Plan.

What is a Referral?

A referral is made when you need to see a specialist. You must get a referral from your PCP before you see a specialist. Your doctor refers in different ways.

1. By giving you a referral form.
2. By mailing the specialist the form.
3. By calling the specialist.

In some cases the local health department can help you get a referral.

What is a Specialist?

A specialist is a doctor who only works with certain health problems. Examples of doctors who are specialists are:

- ◆ Cardiologist - heart
- ◆ ENT - Ear, Nose and Throat
- ◆ Orthopedist - bone

If you can't make it to an appointment with your doctor, call ahead of time to cancel.

What is Prior Approval/Prior Authorization?

To get some services covered by Medicaid or your Health Plan, your doctor may need permission first. This is called a prior approval or prior authorization. Most services don't need a prior approval or authorization, but some do. Your doctor's office must get permission before they give you a service that needs a prior approval or authorization.

If a request for a prior approval or authorization is denied or not approved, you will receive a letter with instructions on how to ask for a change in the decision.

What if I have problems with benefits?

You may feel a service was limited or denied unfairly or you are being billed. You, or your representative, have the right to question these decisions or actions and ask to have a Fair Hearing.



For decisions or actions made by your Health Plan:

- ◆ Call your Health Plan to talk about the problem. Many times the problem can be taken care of that easily.
- ◆ Call the Medicaid Information Line. Sometimes they can help.
- ◆ If there is still a problem ask your Health Plan how to file a Grievance or an Appeal.
- ◆ After your Health Plan's final decision, if you still feel you are being treated unfairly you can ask for a Fair Hearing with Medicaid.
- ◆ You must file for a Fair Hearing within 30 days of your Health Plan's final decision.

For decisions made by the State:

- ◆ Call the Medicaid Information Line.
- ◆ Ask for a State Fair Hearing.

Medicaid Information Line
Call (801) 538-6155 or 1-800-662-9651
to ask the State for a Fair Hearing

What is a TPL? (Third Party Liability)

When you have other health insurance (or Medicare) and Medicaid, this is called a TPL. You must let us know if there is insurance (or Medicare) that covers anyone listed on your Medicaid card. Tell your worker as soon as possible if you get insurance (or Medicare) for anyone on your case.

You might have to choose a Health Plan to match your insurance. Your worker will tell ORS (Office of Recovery Services) about your insurance.

The TPL information will print on your Medicaid Card. You must call the TPL unit with ORS to make any changes. Their phone number prints on the bottom of each Medicaid Card.

- ◆ Your doctor's office bills your insurance first, then bills the State or Health Plan for the part of the bill your insurance won't cover. Medicaid pays last.

ORS TPL Unit
(801) 536-8798 or 1-800-821-2237



How do I use my card?

It is important to know how to use your Medicaid card so you won't have problems getting your bills paid.

- ◆ You will get a colored Medicaid Card* in the mail each month.
- ◆ Check your card each month. Make sure the information on your card is right.
- ◆ The Medicaid program you are eligible for prints on your card.
- ◆ Your Health Plan or PCP prints on your card.
- ◆ Keep your old cards for at least one year.
- ◆ If you don't receive your card or have lost it, call your eligibility worker.

**Remember! Always show your card before you get any kind of medical care.
Showing your card helps prevent billing problems.**

* The **colored Medicaid Card** tells what program type you have.

The color and Medicaid program types are as follows:

Purple Card = Traditional Medicaid (TM)
Blue Card = Non-Traditional Medicaid (NTM)
Yellow Card = Primary Care Network (PCN)

Quick Comparison Chart of Adult Medicaid Programs Co-Pays and Co-Insurance

| Purple Card Traditional Medicaid 18 years or older | Benefits | Blue Card Non-Traditional Medicaid 19 years or older |
|---|---|--|
| * Pharmacy: \$15 per month Inpatient: \$220 per year Physician & Outpatient: \$100 per year | Out of Pocket Maximum | \$500 per calendar year per person |
| no co-pay | Dental | no co-pay |
| no co-pay \$6 co-pay for non-emergency use of the ER | Emergency Room | no co-pay \$6 co-pay for non-emergency use of the ER |
| Office Visit - no co-pay Pharmacy - no co-pay See the current Over the Counter (OTC) list | Family Planning | Office Visit - no co-pay Pharmacy - no co-pay See the current Over the Counter (OTC) list |
| * \$220 yearly co-pay for non-emergency stays | Inpatient Hospital | * \$220 yearly co-pay for non-emergency stays |
| no co-pay | Lab | no co-pay |
| no co-pay | Medical Equipment and Supplies | no co-pay |
| no co-pay at prepaid Mental Health Center | Mental Health | no co-pay - limited benefit of 30 annual inpatient, 30 annual outpatient visits |

*Pregnant women and children do not have co-pays.

**Quick Comparison Chart of
Adult Medicaid Programs
Co-Pays and Co-Insurance
(continued)**

| Purple Card Traditional Medicaid 18 years or older | Benefit | Blue Card Non-Traditional Medicaid 19 years or older |
|---|---|--|
| no co-pay no co-pay \$1.00 co-pay Chiropractic through Chiropractic Health Plan (CHP) | Occupational Therapy Physical Therapy Chiropractic | \$3 co-pay - limited to a combined 16 visits per calendar year \$3 co-pay Chiropractic through Chiropractic Health Plan (CHP) |
| Office visit - \$3 co-pay per visit Outpatient - \$2 co-pay per visit | Office Visits & Outpatient | Office visit - \$3 per visit Outpatient - \$3 per visit - no co-pay for preventative care or immunizations |
| co-pay \$3 for each prescription - limited to \$15 monthly | Pharmacy | co-pay \$2 per prescription |
| no co-pay | Transportation | no co-pay |
| no co-pay - annual eye exam, glasses every two years | Vision Services | Annual coverage limited to \$30 for an eye exam. Glasses not covered |
| no co-pay | X-Ray | no co-pay |

*Pregnant women and children do not have co-pays.

What is a Co-Pay?

You may have to pay a fee for some benefits and services, this is called a co-pay*.

A message will be printed on your medical card if you have a co-pay. You may need to pay a fee or co-pay when you:

- ◆ Visit the doctor or clinic
- ◆ Visit the hospital for outpatient services
- ◆ Pick up your prescriptions

Other things you may want to know about the co-pay:

- ◆ If you do not pay your co-pay your doctor or medical provider can refuse to see you.
- ◆ You should get a receipt for your co-pay from your medical provider each time you see them.
- ◆ Make sure you save your receipts.

****Pregnant women and children do not have a co-pay.***

What is a Co-Insurance?

You may have to pay a fee when it is not an emergency and you stay overnight as a patient in the hospital. This fee is called co-insurance*:

- ✓ A message will print on your medical card if you need to pay this fee.
- ✓ Get and save a receipt for your co-insurance from the hospital.

****Pregnant women and children do not pay co-insurance.***

Is there a limit to how many prescriptions I can get?

You may have a limited number of prescriptions per month with some Medicaid programs.

- ◆ Medicaid will review your medical history to see if you need more than the allowed prescription limit each month.
- ◆ Your doctor may be contacted to see why you are using certain medicines.
- ◆ You may be notified when you have used more than the allowed prescriptions per month.
- ◆ Over the Counter Drugs will count as part of your total number of prescriptions.

What is an “Out of Pocket” maximum?

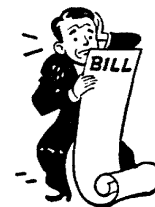
Each Medicaid program has a limit or maximum to the amount you pay in co-pays and co-insurance each year:

- ◆ The amount you pay is counted from January through December.
- ◆ Get receipts for your co-pays and co-insurances.

Call The Medicaid Information Line
(801) 538-6155 or 1-800-662-9651
if you have questions.

What do I do with medical bills?

Pay attention to the mail you get from your doctor's office. You may get a bill. If the bill says "do not pay" or "your insurance has been billed" you do not need to do anything with the bill. If the bill shows that you owe an amount, here is what to do:



1. Call your doctor's office. Make sure they billed the State or your Health Plan
2. Give the doctor a copy of your Medicaid card.
3. If the doctor's office has billed the State, and the bill is not paid, call the Medicaid Information Line.
4. If the doctor's office billed your Health Plan, but the bill is not paid, call your Health Plan.

Don't get stuck with the bill.

Be careful of the following things. You could end up paying your own medical bills:

- ◆ If you don't show your card before getting care.
- ◆ If you don't get a referral before seeing a specialist.
- ◆ If you see someone who isn't part of your Health Plan or you don't see the PCP listed on your Medicaid card.
- ◆ If you get a service Medicaid doesn't cover and you have signed a form in your doctor's office saying you know it is not a covered service, but you want the service anyway.
- ◆ For services received when you are not eligible for Medicaid.
- ◆ For services received during an Appeal, Grievance or Hearing that is denied.

What are my rights?

Anyone who thinks they might be eligible for Medicaid may apply. You have the right to be treated fairly and with courtesy and respect.

- ▶ You have the right to have your privacy protected and be treated with dignity.
- ▶ You have the right to get medical care no matter what your race, color, nationality, disability, sex, religion or age.
- ▶ You have the right to receive information on all available treatment options.
- ▶ You have the right to participate in decisions regarding your medical care, including refusing treatment.
- ▶ You have the right to ask for a copy of your records and request that they be changed.
- ▶ You have the right to be treated fairly even if you use or apply your rights.

If you feel you have been treated unfairly or discriminated against, call the State or your Health Plan and ask for the Civil Rights Coordinator or call the Federal Office for Civil Rights.

Civil Rights Medicaid Constituent Services
1-877-291-5583

Federal Office for Civil Rights
1-800-368-1019
(Voice 1-800-537-7697 (TDD))

Can I get Medicaid for past months?

You can apply for Medicaid coverage for past months. This is called retro coverage. If you have had Medicaid before, the same PCP you chose in the past will print on your retro cards. You won't have a medical Health Plan for those months. Take your Medicaid card to the doctors you saw. Ask them to bill the State.

Your doctors *do not* have to accept your Medicaid for past services, but sometimes they will.

What if I have problems with eligibility?

When you apply for Medicaid you may be told you are not eligible. You may feel you've been treated unfairly. You have the right to do the following:

- ◆ Talk about the problem with your case worker and their supervisor.
- ◆ Call the "Office of Constituent Services" for help.
- ◆ Ask a worker for a Fair Hearing form. Most letters you receive from your worker will have a Fair Hearing form on the back. Fill it out and give it to your worker or their supervisor.

Medicaid Constituent Services
Medicaid only - (801)538-6417 or 1-877-291-5583
Medicaid with other programs such as food stamps or financial help - (801) 526-4390 or 1-800-331-4341

Is it urgent care I need or is it an emergency?

Urgent Care

Urgent care is needed when you have an illness or accident. You get urgent care when your problem is serious, but you could wait one day to see your doctor.

Urgent care problems usually don't cause permanent harm or death. For urgent care, call your doctor. You may be able to see the doctor that same day. Your Health Plan may have urgent care clinics which are open after normal office hours and weekends. Check your Health Plan provider directory.



Examples of urgent care:

- ◆ You fall and sprain your wrist or ankle.
- ◆ Your child wakes up in the night with an earache.
- ◆ You have a bad cough or high fever.
- ◆ You are vomiting a lot.
- ◆ You have a cut that needs stitches.

Emergency Care

Use emergency care when you have a serious medical problem that can't wait. In this case, waiting could mean permanent harm or death.

If you think your medical problem may be an emergency, call 911 or go to the emergency room right away. You don't have to call your doctor first. Your doctor may provide any needed follow-up care.

Use the hospital emergency room that is closest to you.

Examples of emergencies:

- ◆ Heavy bleeding
- ◆ Chest pain
- ◆ Trouble breathing
- ◆ Bad burns
- ◆ Broken bones
- ◆ Poisoning



If you go to the emergency room for something that is not an emergency, you may have to pay a co-pay or the entire bill.

If your doctor or Health Plan tells you to go to the emergency room, go as soon as possible.

Benefits Covered by Medicaid

- ◆ Ambulance
- ◆ Birth Control
- ◆ Case Management
- ◆ CHEC Program or Well Child Exams
- ◆ Chiropractic Services
- ◆ Dental
- ◆ Doctor Visits
- ◆ Emergency Room
- ◆ Eye Exams and Eyeglasses
- ◆ Home Health Care
- ◆ Hospice Care
- ◆ Hospital
- ◆ Lab and X-ray Services
- ◆ Maternity Care
- ◆ Medical Supplies
- ◆ Mental Health
- ◆ Midwife Services
- ◆ Nursing Home Services
- ◆ Over-the-Counter Drugs
- ◆ Personal Care Services
- ◆ Physical Therapy/ Occupational Therapy
- ◆ Prescriptions
- ◆ Specialists
- ◆ Speech and Hearing Services
- ◆ Transportation Services
- ◆ Waiver Programs

We want you to find out more about the benefits covered by Medicaid. Some benefits may not be covered or may be limited depending on which Medicaid program you have.

Ambulance

When seconds count call 911 for an ambulance. The state covers ambulance services in an emergency. Air ambulance is covered when a ground ambulance can't get you to medical care fast enough. Tell the ambulance to take you to the closest hospital.

Birth Control

You may get family planning services from any provider, without a co-pay, who accepts your Medicaid card. You don't need a referral. You can get some types of birth control in the doctor's office. For others, the doctor may write a prescription. The following forms of birth control may be covered by your Medicaid program.

- ▶ Birth Control Pills
- ▶ Foams
- ▶ Creams
- ▶ Diaphragms
- ▶ IUDs
- ▶ Norplant
- ▶ Birth Control Patches
- ▶ Shots (Depoprovera)
- ▶ Condoms
- ▶ Emergency Birth Control (Morning After Pill)
- ▶ Sterilization*

*Medicaid may pay for a woman to get her tubes tied or a man to have a vasectomy (sterilization). You must be 21 or older and both you and your doctor must sign a "consent form" 30 days before the surgery. Medicaid or your Health Plan will not pay to reverse these surgeries.

Case Management

Some Health Plans have case management programs. If you have serious health problems, ask to speak with a case manager with your Health Plan. A case manager helps make sure you get the care you need. Case management is not available with a PCP or blank Medicaid card.

CHEC Program or Well Child Exams

CHEC is for **C**hild **H**ealth **E**valuation and **C**are. This is a special benefit for children on Medicaid. It's about keeping children healthy. Anyone from birth through age 20* on Medicaid can get CHEC covered services.

*NTM (Non-Traditional Medicaid) covers CHEC exams through age 18.

Regular checkups help keep your children healthy. Some problems start before your child looks or feels sick. Your doctor can find and treat these problems early, before they lead to a serious problem.



CHEC services include:

- ◆ Well child exams by your child's doctor. A head-to-toe exam that includes health history, eating habits, eyesight and hearing exam, lead screening (if requested) and growth and development check.
- ◆ Shots (immunizations) to keep your child healthy.
- ◆ Dental checkups by your child's dentist. A complete exam and cleaning twice a year. Fluoride treatment and sealants are covered for children. Your child's first dental visit should be at age one.
- ◆ Follow up treatment and care if a health problem is found during a CHEC exam.
- ◆ Children may receive benefits that are usually not covered by Medicaid.

When should my child have a CHEC checkup?

- ◆ Newborns - as soon as possible after birth.
- ◆ Babies - ages 1, 2, 4, 6, 9, 12, 15, 18, and 24 months. Shots are due at many of these visits.
- ◆ Toddlers - ages 3, 4, and 5. More shots are due at some of these visits.
- ◆ Children - ages 6, 8, 10 and 12 years old.
- ◆ Teenagers and Young Adults - ages 14, 16, 18 and 20.

If you missed one of these ages, take your child in as soon as possible. Ask for a CHEC exam while making the appointment and tell your doctor you have Medicaid. Remember to take your child's shot record with you.

Your local health department has more information about the CHEC program. Call and they will help you make an appointment for a CHEC exam. Or, you can call your doctor or dentist yourself. The numbers for the local health departments are in "The Resources" section of this book.

Chiropractic Services (Chiropractic Health Plan)

Your chiropractic benefits are covered under the Chiropractic Health Plan. Your plan pays your bills for your chiropractic care. You may see any chiropractor who is on the plan.

Services are limited. To learn more about your chiropractic benefits call (801) 352-7270 or 1-800-339-5958.

Dental Benefits

Your dental Services may include routine dental exams, fillings, x-rays, stainless steel crowns, limited root canals, dentures and partial dentures and sealants for children. Some oral surgery can be covered as well.

The State has clinics where you can get your dental care. They are called Family Dental Plan clinics. Check “The Resources” section to see if there is one in your area. Call your dentist to see if they accept Medicaid. You can also call the Medicaid Information Line for names of dentists in your area.

| |
|---|
| Medicaid Information Line (801) 538-6155 or 1-800-662-9651 |
|---|

Doctor Visits

Medicaid pays for you to see the doctor when you are having health problems. Most of the time you can get the treatment you need from your Primary Care Provider (PCP). If your PCP feels your problems are too serious to treat in the office, your doctor may refer you to a specialist.

Make sure that you see a doctor who accepts your Medicaid card or Health Plan.

Emergency Room

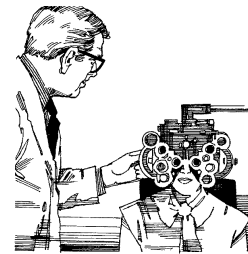
Use the emergency room when you have a serious medical problem that cannot wait. Waiting could mean permanent harm or death.

In an emergency, call 911 or go to the emergency room right away. You don't have to call your doctor first. Your doctor may provide any care needed to follow up after the emergency. We have explained the emergency room in more detail earlier in the book.

Eye Exams and Eyeglasses

Medicaid *may* cover services for both Optometrists and Ophthalmologists. An Optometrist is trained to examine eyes and prescribe eyeglasses. An Ophthalmologist is a medical doctor who specializes in eye diseases and can perform eye surgery.

You may need to get a referral from your PCP before you see an ophthalmologist. You don't need a referral to see an Optometrist.



If glasses are a covered benefit under your program, your provider will show you a selection of glasses to choose from that Medicaid or your Health Plan will pay for in full. You can choose more expensive eyeglasses. But, you must pay the difference between what Medicaid or your Health Plan pays and the cost of the more expensive glasses.

Home Health Care

Home health care is for people who are too sick to leave their home. It is for people who can't go to the doctor's office, but don't need to be in the hospital or nursing home. To receive home health care, prior approval is needed.

Some benefits you *might* receive in your home are:

- ◆ Physical Therapy
- ◆ Nursing
- ◆ Home Health Care Aides



If you need home health care, talk to your doctor. Your doctor must write an order. You must use a home health agency that accepts your Medicaid card or your Health Plan.

Hospice Care

Hospice care is for people who are sick with no hope of getting better. Hospice care helps people to be comfortable when they are dying. Talk to your doctor if you need these services.

Hospital Care

Medicaid covers both inpatient and outpatient hospital care. Before you use hospital services, get a referral from your doctor. For some hospital services, you need prior approval.

Lab and X-ray Services

Many Lab and X-ray services are covered by Medicaid. You might get these services in your doctor's office or your doctor might refer you to another clinic, lab or hospital that accepts your Medicaid card or Health Plan.

Maternity Care

If you think you are pregnant, see a doctor as soon as possible. To receive prenatal benefits, call your worker to report the pregnancy. Early maternity care helps you give birth to a healthy baby.

You may choose to see a specialist such as an OB/GYN or a CNM (Certified Nurse Midwife). Medicaid covers:

- ◆ Prenatal visits, lab work and tests you may need (like an ultrasound)
- ◆ Charges for labor and delivery
- ◆ Anesthesia (pain treatment)
- ◆ The hospital stay
- ◆ Your 6 week checkup after the baby is born

You can stay in the hospital for as long as your provider feels it is necessary.



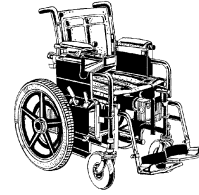
Your baby *may* be covered by Medicaid for a year. Call your eligibility worker as soon as possible to report the birth of your baby.

Medical Supplies

Medical supplies *may* be covered.

Some examples of Medical supplies are:

- ◆ Wheelchairs
- ◆ Prosthetic devices
- ◆ Bandages or wound care supplies
- ◆ Vaporizer or humidifier



Talk to your doctor if you need medical supplies. Your doctor will write an order. Give the order to a medical supplier who accepts your Medicaid card or Health Plan.

Mental Health

If you live in San Juan County, the state pays your mental health bills. If you live in other rural areas, the state pays money so you can be part of the Prepaid Mental Health Plan (PMHP). The name of the PMHP prints on your Medicaid card. If you are in a PMHP, you must get all your mental health services through the PMHP. The PMHP can also help you with transportation to your mental health appointments, if you need it. (Call your mental health center or talk to your therapist if you need assistance.) Covered mental health services are:

- ◆ Inpatient mental health services
- ◆ Evaluations
- ◆ Medication management
- ◆ Psychological testing
- ◆ Individual and group therapy
- ◆ Skills development services
- ◆ Case management services
- ◆ Transportation to mental health appointments (call your PMHP or talk to your therapist if you need assistance with transportation).
- ◆ Personal Services
- ◆ Respite Care



Children who are in foster care get inpatient mental health care through the PMHP. Outpatient mental health care is paid for by the State. Foster care children can use any provider who accepts State Medicaid for outpatient mental health services.

If you need inpatient drug or alcohol detox services, check with Medicaid or your Health Plan. You can get outpatient substance abuse services from any Medicaid substance abuse provider.

Midwife Services

You can choose to see a midwife for your pregnancy. You must choose a certified and licensed midwife who accepts your Medicaid card or Health Plan. Certified midwives can deliver babies in the hospital in case of an emergency during delivery.



Nursing Home

Medicaid covers nursing home care. Long term care is when a person stays in a nursing home more than 30 days. Long term nursing home patients do not select a Health Plan or PCP. Talk to your worker about any special rules with long term nursing home eligibility.

Short term care is when you go from a hospital to a nursing home to continue recovering.

Personal Care Services

Personal care services such as bathing, feeding and dressing may be covered. This help is for people who can't do these things for themselves. Personal care is provided by a home health aide. Talk to your doctor if you need these services. Your doctor must write an order. Take the order to a home health agency. The home health agency must get prior approval from the State or your Health Plan.

Physical Therapy / Occupational Therapy

Physical therapy may be covered for some serious problems. Physical therapy may be ordered by your doctor when it will improve your medical condition. If you have a Health Plan, make sure to use a physical therapist who is with your Health Plan.

Prescriptions

Not all drugs are covered, even with a doctor's prescription. Generic brands are covered by Medicaid. If there is no generic brand for the drug you need you may get the name brand. Some prescriptions require prior approval.



The number of prescriptions Medicaid will pay for each month may be limited by your Medicaid program.

- Medicaid will review your medical history to see if you need more than the allowed prescriptions per month.
- Over the Counter Drugs will count as part of your allowed prescriptions.
- If you have any questions call the Medicaid Information Line.

Your Medicaid card will say whether or not you have to pay a co-pay for prescriptions.

Over-the-Counter Drug List

Medicaid covers many over-the-counter medicines like aspirin, Tylenol, cough and cold remedies. You need a prescription for Medicaid to pay for them. Here is a list of covered drugs. **Remember: Over-the-Counter drugs are counted towards your monthly prescription limit.**

Listed are some common brand names to help you know what is covered.
Prescriptions are filled with the generic brand.

Acetone tests
Actifed *
Alcohol swabs
Antacid liquid & tablets (Tums)
Aspirin*
Axid AR
Benadryl*
Benylin
Buffered aspirin*
Calcium tablets (but not oyster shell)
Chlor-trimeton
Citrate of Magnesia
Claritin*, Claritin decongestant*
Codimal DM
Contraceptive creams, foams, tablets, condoms*
Dramamine
Drixoral
DSS caps, liquid, syrup and concentrate drops %5*
Dulcolax*
Glucose blood tests, Chemstrip BG, One-touch, Ultra etc. Glucose urine tests, Clinitest, Clinistix, Diastix, etc
Glucose
Gyne-Lotrimin*
Hydrocortisone cream, ointment or suppositories*
Imodium AD*



Insulin*
Insulin syringe (with disposable needle) 100 max
Iron supplement (Ferrous Salts)
Kaopectate
Lancets* (Does not count toward monthly limit)
Lotrimin, Lotrimin AF*
Maalox suspension
Mag-Carb
Metamucil*
Milk of Magnesia*
Monistat 7*
Motrin tablets or drops*
Mycelex OTC
Naldecon DX
Neosporin ointment*
Niacin 250 mg, 500 mg
Nix*
Pediapcare Cough-Cold
Pedia Relief Cough & Cold
Pedialyte (covered only until age 10)
Pepcid AC*
Pepto-Bismol
Poly Vi Sol (under age 5)
Prophylactics or condoms, male and female*
Rid*
Robitussin*
Robitussin DM*
Sudafed
Tagamet HB*
Tavist 1
Tri Vi Sol (under age 5)
Triaminic line* (generic only)
Tylenol *
Zantac 75*

Non-Traditional Medicaid covers only the drugs with the ().

This list may change without notice.

Specialists

Your doctor may refer you to a specialist if you have a serious health problem. Make sure you use a specialist who works with your Health Plan if one is listed on your Medicaid card.

Speech and Hearing Services

Medicaid covers some speech and hearing services. Your doctor may refer you to a speech therapist or an audiologist.

Transportation Services

If you do not have a car or a way to get to the doctor, Medicaid *may* cover your trip to and from medical appointments. This may include:

- ◆ UTA Bus Pass
- ◆ UTA Flex Trans (Wasatch Front)
- ◆ ***PickMeUp*** Medical Transportation

UTA Bus Pass -

Call your Medicaid case worker and ask if your Medicaid program covers a bus pass. If it is a benefit, the pass will come in the mail each month with your Medicaid card. Show your Medicaid card and bus pass to the driver.

PickMeUp - For Routine transportation from PickMeUp, your doctor must mail a letter to them stating the medical condition that qualifies you for door-to-door transportation. You must call 24 hours in advance of scheduled routine appointments to arrange for PickMeUp.

For Urgent care you do not need a letter on file. PickMeUp will call your doctor to verify the need for urgent care.

Call *PickMeUp*
1-888-822-1048

Waiver Programs

Some people with special needs may qualify for Medicaid through special waiver programs. These people may get some extra benefits. Waivers let Medicaid pay for support and services to help people live safely in their own homes or community.



The services may include:

- ◆ Emergency response service
- ◆ Homemaker service
- ◆ Group home
- ◆ Day treatment center
- ◆ Adult day care
- ◆ A private nurse
- ◆ Family support
- ◆ Respite care for family members who need a break from caring for disabled or elderly family members
- ◆ Someone to help you work at a job
- ◆ Transportation to places other than a doctor's office or clinic

Waivers allow Medicaid to pay a Case Manager to help you get this care. The extra services are different for each waiver program.

These programs limit the number of people who may be served. For information about how to apply for the waiver programs, call the number shown below:

- ◆ Brain Injury Waiver
Call DSPD (Division of Services for People with Disabilities) at (801) 538-4200
- ◆ DDMR Waiver (Developmentally Disabled/Mentally Retarded)
Call DSPD at (801) 538-4200
- ◆ Technology Dependant/Medically Fragile Children Waiver (Sometimes called the Travis-C Waiver).
Call CSHCS- Children's Special Health Care Services 1-800-829-8200
- ◆ Aged Waiver
Call AAA (Area Agency on Aging)
1-800-541-7735
- ◆ Personal Assistance Waiver
Call 538-4200

Other Programs

- ◆ CHIP (Child Health Insurance Program)
- ◆ FQHC (Federally Qualified Health Centers)
- ◆ RHC (Rural Health Center)
- ◆ PCN (Primary Care Network of Utah)
- ◆ QMB (Qualified Medicare Beneficiary)
- ◆ The Restriction Program
- ◆ Spenddown Program

CHIP (Child Health Insurance Program)

CHIP is a program for children who do not have medical insurance. If a child is not eligible for Medicaid because of family income or assets, the worker will see if the child is eligible for CHIP. CHIP has a higher income limit than Medicaid. It also has no asset limit. If you are interested in more information about CHIP call Toll Free 1-888-222-2542.

FQHC (Federally Qualified Health Centers) / RHC (Rural Health Centers)

Utah has a number of FQHCs. These are clinics that have received special grant money to provide medical care to people who do not have any insurance. They also accept insurance including Medicaid.

If you have family members not covered by Medicaid, this is a good resource for them to get low-cost medical care. The cost is based on income. A list of health centers is in “The Resource” section.

PCN (Primary Care Network of Utah)

The PCN program is for people who do not qualify for Medicaid, have no other health insurance and meet income guidelines. The PCN program covers:

- ◆ Care from your Primary Care Physician
- ◆ Limited pharmacy
- ◆ Limited dental

There will be an enrollment fee. The PCN program does not cover care from a specialist or inpatient hospital services. The program is for people age 19-64. With this program you will be required to pay co-pays and co-insurance. For more information call 1-888-222-2542.

QMB (Qualified Medicare Beneficiary)

QMB is a program that pays your Medicare premiums, co-pays and deductibles. To learn more about the QMB program, contact the office where you apply for Medicaid.

Some people get both QMB and Medicaid. If you are eligible for QMB only (no Medicaid benefits), you will receive a special QMB card showing you are eligible for the program. *This program is limited to Medicare benefits only.* Show your QMB card along with your Medicare card when you get medical treatment. This shows your doctors and clinics that your Medicare co-pays and deductibles are covered.

Restriction Program

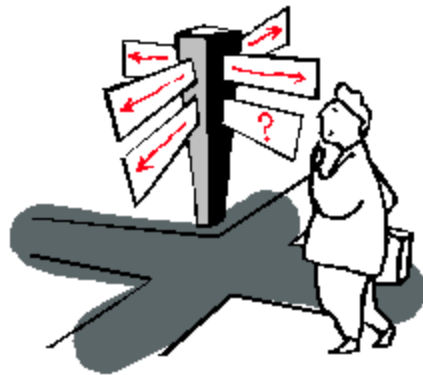
The Restriction Program is for people who have a serious problem knowing how to use their Medicaid card. If someone is placed in the Restriction Program they will have a doctor and pharmacy that prints on their card along with their PCP or Health Plan, if one has been selected. They need to get all of their care from the one doctor and all their prescriptions from the one pharmacy.

If you are part of the Restriction Program you are allowed to change the doctor and pharmacy. You must go through your Restriction Program Manager. You can contact them by calling (801) 538-9984 or 1-800-662-9651 (press #900).

Spenddown Program (Medically Needy)

Spenddown is when you pay to receive a Medicaid card. You pay the amount you are above the Medicaid income limit. You must meet all other conditions to qualify. Not all Medicaid programs allow you to spenddown.

The Resources



The Resources

Access Utah Network-Disability Information & Referral

155 S 300 W Suite 100 Salt Lake City, 84102 (801) 533-INFO
 Toll Free Dial '1' & Then (800) 333-UTAH

Aging Services

2001 S State, #S-1500 Salt Lake City, 84190 (801) 468-2454
 Weber County, Ogden (801) 625-3771
 Davis County, Farmington (801) 451-3385
 Utah, Summit & Wasatch County (801) 229-3804

AIDS/HIV Prevention and Services

288 N 1460 W Salt Lake City, 84114 (801) 538-6096
 Toll Free Dial '1' & Then (800) 537-1046

AIDS/Ryan White Title II (Support services for people with AIDS/HIV)

288 N 1460 W Salt Lake City, 84114 (888) 767-0055

AIDS/Ryan White Title III (Medical Services for people with AIDS/HIV)

50 N Medical Drive Salt Lake City, 84132 (801) 581-8479

American Red Cross

465 S 400 E Salt Lake City, 84110 (801) 323-7000
 Toll Free Dial '1' & Then (800) 328-9272

Arthritis Foundation

448 E 400 S Suite 103 Salt Lake City, 84111 (801) 536-0990
 Toll Free Dial '1' & Then (800) 444-4993

Baby Your Baby Hotline

Toll Free Dial '1' & Then (800) 826-9662

Blind and Visually Impaired (Division of Services)

250 N 1950 W STE B, Salt Lake City, 84116 (801) 323-4343
 Toll Free Dial '1' & Then (800) 284-1823

BES (Bureau of Eligibility Services) Medicaid

..... (801) 538-9984
 Toll Free Dial '1' & Then (800) 662-9651

Cancer Information Service

Toll Free Dial '1' & Then (800) 4-CANCER

Catholic Community Services

2570 W 1700 S Salt Lake City, 84104 (801) 977-9119
 Ogden (801) 394-5944

CHEC (Child Health Evaluation and Care) Program

..... See "Local Health Depts"

CSHCS (Children's Special Health Care Services)

Toll Free Dial '1' & Then (800) 829-8200

CHIP (Child Health Insurance Program)

Toll Free Dial '1' & Then (888) 222-2542

Chiropractic Health Plan

9135 S Monroe Ste B Sandy, 84070 (801) 352-7270
 Toll Free Dial '1' & Then (800) 339-5958

CAP (Community Action Program)

764 S 200 W Salt Lake City, 84101 (800) 796-2444

Constituent Services

Governor's Office
 Toll Free Dial '1' & Then (800) 705-2464
 Medicaid (only)
 Toll Free Dial '1' & Then (877) 291-5583
 Medicaid (with other programs)
 Toll Free Dial '1' & Then (800) 331-4341

Deaf, Utah Association for the , Inc.

5709 S 1500 W Salt Lake City, 84123 (801) 263-4860

Diabetes Association

340 E 400 S Salt Lake City, 84111 (801) 363-3024
 Toll Free Dial '1' & Then (800) 888-1734

Disabled Rights Action Center

2757 S 300 W Salt Lake City
 Toll Free Dial '1' & Then (800) 478-9314

DSPD (Division of Services to People with Disabilities)

655 E 4500 S Murray, 84114 (801) 264-7620

Domestic Violence Information

Toll Free Dial '1' & Then (800) 897-5465

Easter Seal Society of Utah

638 E Wilmington Ave Salt Lake City, 84106
 Toll Free Dial '1' & Then (800) 388-1991

Family Dental Plans

Heber: 55 S 500 E Heber City, 84032 (435) 654-2700
 Layton: 360 S Fort Lane Bld 3 Suite A Layton, 84041 (801) 546-2263
 Ogden: 298 24th St. Suite 360 Ogden, 84401 (801) 394-4495
 Provo: 150 E Center St. Suite 1100 Provo, 84606 (801) 374-7011
 Salt Lake City: 3195 S Main St, Suite 200, Salt Lake City (801) 468-0342
 Salt Lake City: 4535 S 5600 W Salt Lake City, 84120 (801) 969-8243
 St George: 321 N Mall Dr Suite 101 St George, 84771 (435) 652-3806

FQHC (Federally Qualified Health Centers) (income based fees)

Carbon Medical Services: 305 Center St. East Carbon, 84520 (435) 888-4411
 Central City Community Health Center
 461 S 400 E Salt Lake City, 84111 (801) 539-8617
 Copperview Community Health Center
 8446 S Harrison Midvale, 84047 (801) 566-5494

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|---|----------------|
| Enterprise Valley Med. Center | |
| 223 S 200 E Enterprise, 84725 | (435) 878-2281 |
| Green Valley Medical Center | |
| 305 W Main, Green River, 84525 | (435) 564-3434 |
| Midtown Community Health Center | |
| 670 28 th Street Ogden, 84403 | (801) 393-5355 |
| Montezuma Creek Health Center | |
| 262 Montezuma Creek, 84534 | (435) 651-3291 |
| Mountainlands Community Health Center | |
| 215 W 100 N Provo, 84601 | (801) 374-9660 |
| Oquirra View Community Health Center | |
| 4745 S 3200 W Salt Lake City, 84118 | (801) 964-6214 |
| Stephen D. Ratcliffe Health Clinic | |
| 1365 W 1000 N Salt Lake City, 84116 | (801) 328-5750 |
| Wasatch Homeless Health | |
| 404 S 400 W Salt Lake City, 84101 | (801) 364-0058 |
| Wayne County Medical Clinic | |
| 128 S 300 W Bicknell, 84175 | (435) 425-3744 |
| Health Clinics of Utah | |
| Ogden: 2540 Washington Blvd, Ste 122, 84401 | (801) 626-3670 |
| Provo: 150 E Center St, Rm1100, 84606 | (801) 374-7011 |
| Salt Lake: 3195 S Main St, #200, 84115 | (801) 468-0354 |
| Health Plans | |
| Healthy U | |
| Toll Free Dial '1' & Then | (888) 271-5870 |
| IHC Access (Medicaid Information Line) | |
| Toll Free Dial '1' & Then | (800) 662-9651 |
| Molina (formerly AFC) | |
| Toll Free Dial '1' & Then | (888) 483-0760 |
| HPRs (Health Program Representatives) | |
| American Fork | |
| 895 N 900 E American Fork, 84003 | (801) 374-7864 |
| Clearfield | |
| 1350 E 1450 S Clearfield, 84015 | (801) 776-7377 |
| Ogden | |
| 2540 Washington Blvd. Ogden 84402 or | |
| 480 27 th St Ogden, 84401 | (801) 626-3351 |
| or call | (801) 626-3350 |
| Provo | |
| 150 E Center Street Provo, 84606 or | |
| 1550 N Freedom Blvd Provo, 84604 | (801) 374-7864 |

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| Roy | |
| 1951 W. 5400 So. Roy, 84067 | (801) 776-7200 |
| Spanish Fork | |
| 1185 N Chappel Drive Spanish Fork, 84660 | (801) 374-7864 |
| SLC/ Expo | |
| 158 S 200 W Salt Lake City, 84145 | (801) 524-9071 |
| SLC/ Metro | |
| 720 S 200 E Salt Lake City, 84111 | (801) 536-7112 |
| SLC/ Midvale | |
| 7292 S State St Salt Lake City, 84047 | (801) 567-3835 |
| SLC/ South County | |
| 5735 Redwood Rd Taylorsville, 84123 | (801) 269-4860 |
| West Valley | |
| 2750 So 5600 W West Valley City, 84120 | (801) 840-4456 |
| Woods Cross | |
| 763 W 700 S Woods Cross, 84087 | (801) 298-6600 |
| Indian Walk In Center | |
| 120 W 1300 S Salt Lake City, 84115 | (801) 486-4877 |
| Information & Referral | 211 |
| Local Health Departments | |
| Bear River District Health | |
| 655 E 1300 N Logan, 84321 | (435) 752-3730 |
| Bountiful Clinic | |
| 1650 S Main #109B Bountiful, 84010 | (801) 451-3310 |
| Central Utah Health Dept | |
| 70 Westview Dr. Richfield, 84701 | (435) 896-5451 |
| Davis County Health Dept | |
| Courthouse Annex: 50 State St Farmington, 84025 | (801) 451-3310 |
| Ellis Shipp Public Health Clinic | |
| 4535 S 5600 W West Valley City, 84120 | (801) 963-7335 |
| Layton Clinic | |
| 360 S Fort Lane Layton, 84041 | (801) 451-3310 |
| Rose Park | |
| 1625 W 700 N, Salt Lake City, 84116 | (801) 322-0502 |
| Salt Lake City/County Health | |
| 610 S 200 E Salt Lake City, 84111 | (801) 468-2750 |
| 2001 S State St Salt Lake City, 84190 | (801) 468-2800 |
| South East Clinic | |
| 9340 S 700 E Sandy, 84070 | (801) 255-7114 |

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|--|----------------|
| South Main Public Health | |
| 3195 S Main St. Salt Lake City, 84115 | (801) 464-8966 |
| Southeastern Utah District Health | |
| 28 S 1 st E PO Box 800 Price, 84501 | (435) 637-3671 |
| Southwest Utah Public Health | |
| 168 N 100 E St George, 84770 | (435) 673-3528 |
| Summit City/County Health | |
| 85 N 50 E PO Box 128 Coalville, 84017 (Ext 3222) | (435) 336-4451 |
| Tooele County Health | |
| 151 North Main Tooele, 84074 | (435) 843-2310 |
| TriCounty Health | |
| 147 E Main St. Vernal, 84078 | (435) 781-5475 |
| Utah City/County Health | |
| 589 S State St Provo, 84606 | (801) 370-8700 |
| Wasatch City/County Health | |
| 805 W 100 S PO Box 246 Heber, 84032 | (435) 654-2700 |
| Weber/ Morgan District Health | |
| 2233 Grant Ave Ogden, 84401 | (801) 399-6150 |
| Weber/ Morgan District Health | |
| 2570 Grant Ave. Ogden, 84401 | (801) 399-8433 |
| West Jordan | |
| 1740 W 7800 S Salt Lake City, 84084 | (801) 569-4370 |
| Lung Association | |
| 1930 S 1100 E Salt Lake City, 84106 | |
| Toll Free Dial '1' & Then | (800) LUNG-USA |
| Make a Wish Foundation | |
| 2091 E 4800 S, STE 15, Salt Lake City, 84117 | |
| Toll Free Dial '1' & Then | (800) 860-9474 |
| March of Dimes | |
| 515 E 4500 S , Murray, 84107 | (801) 293-3300 |
| Toll Free Dial '1' & Then | (877) 881-9255 |
| Medicaid Information Line | (801) 538-6155 |
| Toll Free Dial '1' & Then | (800) 662-9651 |
| Medicare Information | |
| Toll Free Dial '1' & Then | (800) 633-4227 |
| Medicare Claims Information | |
| Medicare A-Hospitals | (877) 602-8817 |
| Medicare B-Physicians | (800) 426-3477 |
| Toll Free Dial '1' & Then | (800) 426-3477 |

Mental Health Centers

| | |
|---|----------------|
| Bear River Mental Health | |
| Counties-Box Elder, Cache, Rich | (435) 752-0750 |
| Central Utah Mental Health | |
| Counties-Puite, Sevier, Juab, Wayne, Millard, Sanpete | |
| Toll Free Dial '1' & Then | (800) 523-7412 |
| Davis Mental Health | |
| County-Davis | (801) 451-7799 |
| Four Corners Mental Health | |
| Counties-Carbon, Emery, Grand | (435) 637-2358 |
| Heber Counseling Center | |
| County-Wasatch | (435) 654-1618 |
| Northeastern Counseling Center | |
| Counties- Duchesne, Uintah, Daggett | (435) 789-6300 |
| San Juan Mental Health | |
| County-San Juan | (435) 678-2992 |
| Southwest Mental Health | |
| Counties-Beaver, Garfield, Iron, Kane, Washington | |
| | (435) 634-5600 |
| Valley Mental Health | |
| Counties-Salt Lake, Summit, Tooele | (801) 263-7100 |
| Wasatch Mental Health | |
| Utah County | (801) 373-4760 |
| Weber Mental Health | |
| Counties-Morgan, Weber | (801) 625-3700 |
| For counties not listed call Medicaid Information | |
| | (801) 538-6155 |
| Toll Free Dial '1' & Then | (800) 662-9651 |
| ORS TPL Unit | (800) 821-2237 |
| PCN (Primary Care Network) | |
| Toll Free Dial '1' & Then | (888) 222-2542 |
| Planned Parenthood Clinics | (800) 230-PLAN |
| PickMeUp | |
| Toll Free Dial '1' & Then | (888) 822-1048 |
| Poison Control | (800) 222-1222 |
| Pregnancy Risk Line | (800) 822-BABY |
| Restriction Program | (801) 538-9045 |
| Toll Free Dial '1' & Then | (800) 662-9651 |

RHC (Rural Health Centers) (income based fees)

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|---|----------------|
| Beaver Medical Clinic | |
| 1059 N 100 th W, Beaver 84713 | (435) 438-2426 |
| Blanding Medical Center Emergency & Birthing Services | |
| 930 N 400 W, Blanding 84511 | (435) 678-3434 |
| Bryce Valley Clinic | |
| 10 W Center, Centerville 84718 | (435) 679-8545 |
| Circleville Clinic | |
| 145 W Main, Circleville 84723 | (435) 577-2958 |
| Coalville Health Center | |
| 82 N 50 E, Coalville 84017 | (435) 336-4403 |
| Duchesne Valley Medical Center | |
| 50 E 200 S Duchesne, 84021 | (435) 738-2426 |
| Emery Medical Center | |
| 90 W Main, Castledale 84513 | (435) 381-2305 |
| Garfield Memorial Clinic | |
| 224 N 400 E, Panguitch 84759 | (435) 676-8842 |
| Hurricane Family Practice Clinic | |
| 90 S 700 W, Hurricane 84737 | (435) 635-4485 |
| Kamas Health Center | |
| 151 W 200 S, Kamas 84036 | (435) 783-4385 |
| Kazan Ivan W Memorial Clinic | |
| 65 N Center, Escalante 84726 | (435) 826-4374 |
| Milford Valley Clinic | |
| 451 N Main, Milford 84751 | (435) 387-2471 |
| Monument Valley Health | |
| P.O. Box 360-05, Monument 84536 | (435) 727-3230 |
| Mountain Utah Family Medicine | |
| 850 N Main, Richfield 84701 | (435) 896-9561 |
| For more locations call the Medicaid Information Line | (801) 538-6155 |
| Toll Free Dial '1' & Then | (800) 662-9651 |

Ronald McDonald House

| | |
|---|----------------|
| 935 E South Temple, Salt Lake City, 84102 | (801) 363-4663 |
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Salt Lake County Division of Substance Abuse

| | |
|--|----------------|
| 2001 S State Suite S2300 Salt Lake City, 84190 | (801) 468-2009 |
|--|----------------|

Shriners Hospital

| | |
|---|----------------|
| Fairfax Road at Virginia Street Salt Lake City, 84103 | (801) 536-3500 |
|---|----------------|

Social Security Administration

202 W 400 S Salt Lake City, 84101 (801) 524-4115

Toll Free Dial '1' & Then (800) 772-1213 (US)

TriCounty Children's Dental Clinic

198 W 200 N Vernal, 84078 (435) 781-0875

Tobacco Quit Line

Toll Free Dial '1' & Then (888) 567-TRUTH

Utah Aids Foundation

1408 S 1100 E Salt Lake City, 84105 (801) 487-2323

Toll Free Dial '1' & Then (800) FON-AIDS

Utah Issues (800) 331-5627

Utah Legal Services

205 N 400 W, Salt Lake City, 84013 (801) 328-8891

Utah Assistive Technology Foundation

6835 Old Main Hill, Logan, 84322-6835

Toll Free Dial '1' & Then (800) 524-5152

Veterans Affairs Medical Center

500 Foothill Drive, Salt Lake City, 84148 (801) 582-1565

Toll Free Dial '1' & Then (800) 613-4012

WIC (Women, Infants, and Children)

288 N 1460 W Salt Lake City, 84114 (801) 538-6960

Toll Free Dial '1' & Then (800) 662-3638

Workforce Services

General Information (801) 526-9364